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7590

EXAMINER

12/02/2004

Jeffrey K. Seto 406 Riverland Dr. #153 Salem, VA 24153

APPLN. TYPE nonprovisional

02/24/2005 SSITHIB2 00000015 10628182

01 FC:1504 02 FC:1506

300.00 DP 685.00 DP FEB 2 3 Z005 232

ISSUE FEE

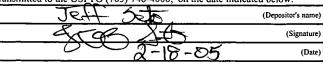
\$685

ART UNIT

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TOTAL FEE(S) DUE

\$985

DATE DUE

03/02/2005

DODE OF OF						
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/628.182	07/28/2003		Beryl B. Schiltz	MOR-001	4482	

TITLE OF INVENTION: MULTIPLE USE WATER PURIFICATION DEVICE

SMALL ENTITY

YES

CINTINS, IVARS C	1724 210-266000			
Change of correspondence address or indication of "Fee Address" (CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED PLEASE NOTE: Unless an assignee is identified below, no assignee or cordation as set forth in 37 CFR 3.11. Completion of this form is	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ON THE PATENT (print or type) The data will appear on the natent. If an assignee is identified below, the document has been filed for			
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
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Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
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